

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180

County Registrar No. _____

Local Registrar No. _____

1. County of GilaDistrict of Winkelman, Ariz.

Town of _____

or

City of _____

At birth occurred at a hospital or institution, give its NAME instead of street and number)

2. Full name of child Chm Martin Jennings

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? Yes7. Date of birth Mar, 26, 1927
Month Day Year5. No., in order of birth 1

8. FATHER

Full name Chm Newcome Jennings

14. MOTHER

Full maiden name Maudie French9. Residence (Usual place of abode) Winkelman, Ariz.
If nonresident, give place and address15. Residence (Usual place of abode) Winkelman, Ariz.
If nonresident, give place and address10. Color or race W.C. White
11. Age at last birthday 29 (Years)16. Color or race White, U.S.A.
17. Age at last birthday 22 (Years)12. Birthplace (city or town) Luthaven, Mich.
(State or country)18. Birthplace (city or town) House Ranch, near Winkelman, Ariz.
(State or country)13. Occupation Laryman
Nature of industry19. Occupation House - Wife
Nature of industry20. Number of children (this mother) 3
(Taken as of time of birth of child herein certified and including this child)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of

his child, who was

(Born alive or stillborn)

at 11:30 am. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Address

Winkelman, Arizona
P.M. Butler, M.D.
(Physician or midwife)

Name and address of

supplemental report from

Month, day, year.

Registrar.

Filed

April 17, 1927

Filed

19

Local Registrar.

County Registrar.

112-326-408

A. F. S. M. L. RETURN must be made for each, and the number of children born must be stated.

are than one child at a time.